

PUBLIC SESSION

RQIA Authority Meeting

Thursday 24 April 2025 at 9:30am

Lagan Room, The Mount Business and Conference Centre

<p>Present: Christine Collins (CC), Chair Stuart Elborn (SE) Cheryl Lamont (CL) Nazia Latif (NL) Mary McIvor (MMcI)</p> <p>Apologies: Alphy Maginness (AM) Sarah Wakfer (SW) Jacqui Murphy (JM), Head of Corporate Affairs and Business Services</p>	<p>RQIA Staff in Attendance: Briege Donaghy (BD), Chief Executive Elaine Connolly (EC), Director of Adult Care Services Lynn Long (LL), Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare Karen Harvey (KH), Professional Adviser of Social Work Malachy Finnegan (MF), Senior Communications Manager Paul Cummings (PC), RQIA Financial Advisor Aaron Addidle (AA), Business Support Officer</p>
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1.0 Agenda Item 1 - Welcome and Apologies

- 1.1 The meeting commenced at 9:32 am, with the Chair (CC) welcoming all to the meeting. CC welcomed those members of the public in the gallery.
- 1.2 Apologies were noted from Sarah Wakfer, Alphy Maginness and Jacqui Murphy.

2.0 Agenda Item 2 - Minutes of the meeting of the Authority held on 27 March 2025 and Matters Arising

- 2.1 Members **APPROVED** the Minutes of the meeting of the Authority held on 27 March 2025 as a true and accurate record.
- 2.2 **Action List:**
Action 270: Bank of Ireland Mandate: Ongoing: PC advised that there has been no update since the Authority Meeting on 27 March. PC agreed to follow up with JM on her return from leave.

3.0 Agenda Item 3 - Declaration of Interests

- 3.1 CC asked Authority Members if, following consideration of the agenda items, any interests were required to be declared in line with the Standing Orders.
- 3.2 There were no interests declared.

4.0 Agenda Item 4 - Deputation: River House Family Group

4.1 The River House Family Group did not attend the meeting.

5.0 Agenda Item 5 – Chair’s Business a) Management Plan 2025 / 2026

5.1 CC presented the plan to the Authority, which had been updated following an Authority Lunchtime Session on 14 April 2025. CC invited BD to draw any particular matters to the Authority’s attention.

5.2 BD outlined that the front page of the plan provides a high level summary of some of RQIA’s outturns for 2024 / 2025, with greater detail to be provided in the Annual Report. BD remarked on the inclusion of Health and Social Care Quality Improvement (HSCQI) in the outturns, following its transition from the Public Health Agency (PHA) to RQIA on 1 November 2024.

BD reminded Members that the Management Plan is aligned to RQIA’s four strategic objectives as outlined in the RQIA Strategic Plan 2023-2028. BD made particular reference to RQIA’s ambitions to extend the Inspection Support Volunteers (ISV) programme in 2025 / 2026, further embed the Framework for Regulation and continue to promote the need for Full Cost Recovery with the Department of Health (DoH).

BD reported that there will be a focus on enhancing RQIA’s role in community mental health, particularly for those patients who have been resettled from Muckamore Abbey Hospital (MAH).

Under Improvement, BD advised of two key priorities in relation to the Patient Safety Culture Assessment Framework and the implementation of the Safeguarding Audit Tool, which was piloted in HSC Trusts during 2024 / 2025.

BD advised that RQIA will continue to develop its partnerships with other regulators under the Shared Intelligence Framework (SIF), which was published in May 2024. There is need to evaluate the Emerging Concerns Protocol, which operates under the SIF. BD noted that RQIA will continue its work on artificial intelligence (AI), working in partnership with Queen’s University Belfast (QUB) and Care Opinion. BD informed the Authority that she has been recently nominated as the regional arms-length body (ALB) representative on the HSC AI Steering Group.

Under Transformation, BD advised that RQIA will consider the vulnerabilities of single regional acute services and will be seeking its own transformation programme through the replacement of iConnect and working to develop a statement of requirements.

BD concluded by advising that a draft Management Plan has been submitted to the DoH for review and will be submitted as final version for DoH approval, subject to Authority approval today.

5.3 CC commended the Chief Executive and Executive Management Team for devising an ambitious yet challenging plan for 2025 / 2026.

- 5.4 SE commended the plan and noted that there will be a need in 2025 / 2026 to work with stakeholders, including to the DoH, on the digital infrastructure of the HSC system, particularly in light of encompass. SE noted that difficulties will arise as more people use private healthcare and there is need to ensure a seamless transfer of information to private health providers, when required.
- 5.5 BD concurred and noted that RQIA has been invited to participate in a group looking at information sharing between HSC Trusts and independent healthcare providers.
- 5.6 NL raised the matter of transfers across jurisdictions and data sharing. It would be worth engaging with the Information Commissioners Officer about this and further discussion on its involvement with AI and encompass. NL noted that the European Union (EU) has an AI Act and there does not seem to be equivalent legislation in the UK.
- 5.7 MMcl noted that the Executive Office seems to be establishing a strategic oversight group for AI in Northern Ireland.
- 5.8 BD noted that it may be worthwhile to engage with the new DoH Chief Information Officer. RQIA is currently prioritising the recruitment of a new Head of Information and Intelligence.
- 5.9 The Authority **APPROVED** the RQIA Management Plan 2025 / 2026.

6.0 Agenda Item 6 – Members Activity Report

- 6.1 CC highlighted that the report represents the activity since 1 April 2025 and noted that the first month of the new financial year has been busy with engagement sessions with the Northern Ireland Assembly Health Committee and the Western Health and Social Care Trust Board.

CC reflected on the successful Staff Development Day on 1 April 2025 which marked 20 years since the inception of RQIA. CC noted that a breadth of RQIA's work was well represented at the event.

- 6.2 The Authority considered the remarks delivered by the Health Minister, particularly in relation to the DoH's capacity to be able to deliver any legislative change pertinent to RQIA's role in the remainder of this mandate.
- 6.3 SE highlighted that whilst RQIA's legislation has not changed since 2003, the model for the Health and Social Care (HSC) system has changed significantly.
- 6.4 BD concurred and noted that it is imperative RQIA continue to pursue legislative change.
- 6.5 MMcl noted that it will be a fundamental for the legislation pertaining to RQIA's role and responsibilities to be updated as well pursuing Full Cost Recovery so that the cost of regulation is not unduly bore by the public purse.
- 6.6 PC suggested a potential avenue of pursuing this matter with the Northern Ireland Audit Office to ensure it is fully aware that a significant amount of money is not being recovered.

- 6.7 CC noted that RQIA is pursuing what is outlined in *Managing Public Money Northern Ireland* that the full cost of regulatory activity should be met by the regulated entity. CC noted that RQIA continues to make the case that it is unable to fulfil its statutory duty due to lack of resource; but Full Cost Recovery would make a significant contribution to the organisation being effectively resourced.
- 6.8 BD noted that RQIA did offer to contribute in any way possible towards drafting of updated the regulations but the DoH cautioned that DoH colleagues and officers with experience of drafting legislation would need to take the lead on this work. CC noted this but said that the required expertise is available from e.g. retired draftpersons; and that this option should be explored in order to make some meaningful progress- noting that both Briege as Accounting Officer and herself as Chair were personally bound to ensure compliance with MPNI.
- 6.9 The Authority **NOTED** the Members Activity Report.

7.0 Agenda Item 7 - Chief Executive's Update: Verbal Update

- 7.1 BD provided an update to the Authority on the RQIA Investigation into Commissioning Arrangements for Residential Care Learning Disability Services in the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT). BD outlined that the report was submitted to the DoH in late March and the relevant HSC Trusts in early April 2025. RQIA has engaged with the relevant families on the report and it is planned to be shared with key stakeholders and published in due course.

BD noted that one of the areas that caused RQIA the most concern was the at times lack of differentiation in describing the model of care in registered care homes and supported living services. The terms at times are used interchangeably by providers and families are not always clear on the difference. One of the differences between the two is in relation to personal finances, where a resident of a care home would only have a small amount of money per week, someone in a supported living placement would be able to avail of welfare payments and encouraged to manage finances as independently as possible. There is a clear need for clarification in the definitions of these services. BD reported another finding was the lack of involvement of the independent sector providers in the long term planning for development of services to meet future needs.

- 7.2 BD reminded Members that in February 2025, RQIA considered information in relation to a supported living service provided by the Cedar Foundation, The Mews. RQIA has undertaken several days of inspection of the service, by inspectors from Adult Care Services and Mental Health and Learning Disability teams. BD advised that RQIA published the outcome of enforcement action on its website yesterday. RQIA continue to engage with the Cedar Foundation. The Cedar Foundation will no doubt also engage the BHSCT in considering these issues.
- 7.3 BD advised the Authority of enforcement action taken against a residential care home for people with a learning disability. Some of the residents in this home have been resettled from Muckamore Abbey Hospital some years ago. BD noted the Chair of the MAH Inquiry has made a call for evidence in relation to the resettlement of patients since August 2022. RQIA has advised the Inquiry that some of our inspections may be useful in this regard, through several do predate

August 2022 resettlements. RQIA continues to explore the possibility of undertaking a review of the resettlement of patients from MAH with the DoH.

- 7.4 CC thanked BD for the update and noting that RQIA continues to grapple with significant regional and systemic issues. There is a need for the system to reflect on how it cares for people who are getting older and have a learning disability. CC raised the question if the system is aware of the flow and capacity.
- 7.5 SE agreed and noted that the HSC is currently a demand-led service, where availability is prioritised over quality, especially for people with complex needs.
- 7.6 BD noted that RQIA is involved in some concerns of families in relation to the resettlement of a small number of patients, these are from some years ago.
- 7.7 SE queried if the needs of recently resettled patients are more complex.
- 7.8 LL advised that this is the case and bespoke placements are needing to be established, which are highly resource intensive for the services. LL reminded Members that there is no service model for learning disability services in Northern Ireland. When a model is devised, funding it will not be easy. It is hoped that the model will be published this year.
- 7.9 BD reported that RQIA continues to take forward Phase 3 of the Deceased Patients Review (DPR) for patients who died under the care of Michael Watt. A further eight families came forward prior to 31 December 2024 and RQIA awaits Minister's decision on this further phase. RQIA is currently taking forward Phase 3, with 18 families involved in this phase.
- 7.10 BD advised that work is progressing, on a co-produced basis, on the development of a Patient Safety Culture Assessment Framework (PSCAF) with the establishment of a Steering Group, chaired by NL, and work streams supported by Dr Leanne Morgan, RQIA Clinical Lead, and Peter McBride, Associate with the HSC Leadership Centre. BD recently held a welcome session for those involved in the work streams. An anchor point of this project will be the RQIA Event on World Patient Safety Day (17 September 2025).
- 7.11 SE asked if anything new had been learnt so far in phase 3 of the DPR.
- 7.12 BD noted that there this is still at an early stage. BD and Leanne Morgan will be taking forward the launch of an e-Learning Product to the Medical Leaders Forum. This was a commitment made by RQIA from the publication of the DPR report in November 2022. BD paid tribute to Mrs Norma Sparkes for her support to RQIA in producing this e-Learning product. BD outlined the desire that RQIA will receive the forum's endorsement to introduce the training as mandatory for clinicians in Northern Ireland. BD added that the General Medical Council (GMC) and Northern Ireland Medical and Dental Training Association (NIMDTA) have also been engaged and have remarked positively on the product.

BD noted that she will continue to engage with Dr Morgan to seek opportunities to introduce the e-learning product to development and educational settings across the HSC.

- 7.13 BD concluded the update by advising that she has been placed on the provisional list of witness to give oral evidence to the Covid-19 Inquiry for Module 6, of which

RQIA is a core participant. BD will now undertake significant preparation with RQIA's legal support team in DWF.

7.14 CC highlighted the enormity of this Inquiry and BD will need to be well prepared to provide sufficient evidence to the Inquiry.

7.15 The Authority **NOTED** the Chief Executive's Update.

8.0 Agenda Item 8 - Financial Performance Report: 2024/2025 Month 11 (EP3: Resources)

8.1 BD presented the Financial Performance Report: 2024/2025 Month 11 to the Authority and asked PC to provide a verbal update.

8.2 PC reported that RQIA, at Month 11, is projected to have a year-end surplus of £14,000 and he commended the work of BD and all budget-holders in bringing the budget under the surplus threshold of £25,000. PC advised that following the pay award for staff on Agenda for Change (AfC) Terms and Conditions, there are no issues to report at Month 12.

PC informed Members that the back pay for Senior Executives is likely to be approached by the Department of Finance imminently, following approval by the Health Minister. RQIA, along with other ALBs, has been advised that it must fund this additional cost and the DoH will fund approximately 50%. In light of this, the projected surplus for Month 12 is likely to be below £10,000. This cost will also be born in 2025 / 2026, for which the DoH will not allocated additional funding. The official cost is not yet known as the circular has not been released.

8.3 Following a query from CC as to how far back pay will be backdated to, PC advised the agreement resolves pay for those currently in post and he understood will be backdated for two years.

8.4 The Authority **APPROVED** the Financial Performance Report: 2024/2025 Month 11.

9.0 Agenda Item 9 - Deputation: Save Our Acute Services (SOAS)

9.1 Jimmy Hamill (JH), Chairperson, SOAS and Helen Hamill (HH), Secretary, SOAS joined the meeting at 10.50am.

9.2 JH highlighted that it had been interesting to witness the Authority Meeting as he had not been aware of the breadth of RQIA's role. JH advised that on occasions previously he and HH had engaged with BD, LL and Emer Hopkins, formerly Director in RQIA. JH reflected that RQIA has listened to SOAS over the period of its engagement and taken concerns seriously. JH noted that there was a feeling of deep integrity in SOAS' dealing with RQIA and acknowledged that SOAS' response to the RQIA Review Report is negative. JH reiterated SOAS' campaign to ensure access to services that it believes are essential.

9.3 HH read a prepared statement on behalf of SOAS that had been shared with the Authority prior to the meeting.

9.4 CC thanked JH and HH for coming to the Authority and presenting their response to the Review Report. In light of the review and other matters, the Authority is

considering what its role is in respect of HSC Services, which sit under Part IV of the 2003 Order and therefore are not required to register. CC advised that RQIA has a limited resource within its HSC Directorate and therefore any change to RQIA's role will take time but work has commenced.

CC stated that the report is final and the conclusions and recommendations remain extant. RQIA has been considering what it will do next to follow up, in line with the powers provided under the 2003 Order. The duty of quality for services in HSC Services rests with the HSC Trust Boards; this gives RQIA the authority to review, inspect and investigate how Trust Boards ensure quality in its services. RQIA must carry out a review, investigation and inspection to be able to issue an Improvement Notice on an HSC Service and it is not enforceable. CC acknowledged that the HSC system was deliberately constructed in this manner. This differs from a regulator such as the Care Quality Commission (CQC) in England which does possess the power to close or restrict a hospital. If RQIA possessed that power and ever had to use it, the impact on the small HSC system in Northern Ireland would be significant.

CC highlighted that it is for the DoH to deliver on its statutory duty through HSC Trusts. CC reiterated that the Review has concluded and RQIA will not go back on it but it can move forward to see an improvement in the safety and quality of HSC Services.

- 9.5 HH highlighted that during RQIA's appearance at the Northern Ireland Assembly Health Committee on 13 March 2025, it was clarified that RQIA did not discover any immediate patient safety issues during site visits. HH outlined that she had recently driven behind a private ambulance to Altnagelvin and it was not safe of reassuring. This led to a double ED wait and medicine management was not effectively recorded. HH outlined SOAS' difficulty in understanding why there were changes to the original Terms of Reference in the report. Overall, HH noted SOAS' view that the review is incomplete.
- 9.6 BD echoed CC's welcome to JH and HH, who had articulately shared SOAS' view on the RQIA Review Report. BD outlined that RQIA does understand and has sympathy with the points raised by SOAS but does not agree that the review is inconclusive. BD agreed that there is a public interest in the information available to the Western Health and Social Care Trust (WHSCCT) in relation to clinical indicators and RQIA would encourage the sharing of such information. BD noted that RQIA would wish to follow up on the use of private ambulances and could use its powers to look into the contracting arrangements with HSC Trusts should capacity allow.
- 9.7 SE advised that RQIA engaged with the WHSCCT at a Trust Board Workshop on 3 April 2025 and did challenge the Trust to act on the recommendations. SE outlined his view that there is a polarised position between the WHSCCT and SOAS and would encourage the WHSCCT to actively engaged with the public on this matter. There is an opportunity to co-produce the right pathways. SE stated that the temporary suspension of emergency surgery at the South West Acute Hospital (SWAH) he felt was unlikely to be reversed as there is a wide spread view from senior HSC leaders that not all services can be provided in every hospital.
- 9.8 HH stated that she did not accept that the suspension would not be reversed.

- 9.9 SE noted that there is a need for consolidation of services and the context for the decision was that the SWAH did not have substantive emergency general surgeons on site.
- 9.10 HH outlined that the WHSCT had not advertised for emergency general surgeons since May 2021; this information was obtained through a Freedom of Information Request she noted.
- 9.11 SE advised that RQIA did challenge the WHSCT about the lack of public engagement and that such engagement needed to be constructive.
- 9.12 JH noted that the need for constructive engagement is a point of discussion in SOAS Committee Meetings. JH advised that SOAS met with the WHSCT Chief Executive and Medical Director in March 2025 and presented its roadmap.
- 9.13 CC reminded all that RQIA was established to secure and improve quality of services but is now needing to do so in an ever more complicated system. CC noted the importance that the system provides the best care to patients, wherever it is located.
- 9.14 HH agreed with CC but outlined that when a trauma occurs in South Fermanagh, the rules of equality fail. HH outlined that the Trauma Audit and Research Network (TARN) held all historical trauma data and then following a cyber-attack this was lost. It has since been discovered that there is no consistent record keeping in respect of trauma in Northern Ireland and it is a matter for each Trust. HH also noted that there is a lack of joint up thinking in the WHSCT, which can be evidenced through alleged poor communication between clinicians in SWAH and Altnagelvin, despite the new encompass system.
- HH added that in terms of engagement, SOAS is not a public body and has no remit to meet with the WHSCT to discuss these matters. Responsibility and Accountability must now rest with the DoH.
- 9.15 CC noted that Public Patient Involvement (PPI) does give a statutory right of engagement by the public.
- 9.16 JH advised that he was the Service User Representative on the WHSCT PPI Forum and is familiar on the notion of involvement but there are deficiencies in engagement and involvement with carers.
- JH acknowledged that the evolving language about a permanent removal of emergency general surgery at SWAH is growing and this places a greater importance on SOAS' roadmap document. JH appealed to the Authority to consider the road map, which has received a positive response from the WHSCT and the DoH. The document highlights how 92 beds had never been used in the SWAH and there was a significant amount of equipment that had never been used.
- 9.17 EC left the meeting at 11:38am.
- 9.18 CC noted that the Authority would look at the roadmap and consider the Quality Improvement issues on this matter, what could QI science bring. CC outlined her view that there is a polarity in service provision in the north and south of the WHSCT.

- 9.19 HH concurred that since the amalgamation of HSC Trusts there has been significant issues in the WHSCT.
- 9.20 EC re-joined the meeting at 11:40am.
- 9.21 HH advised that she had written to Professor Rita Devlin, Royal College of Nursing in respect of concerns raised by nursing staff in Altnagelvin about safe working practices and how staff on wards had become overwhelmed. HH stated that overcrowded emergency departments soon turns into overwhelmed wards. HH further highlighted that the SWAH is the only hospital in Northern Ireland with no surgical supervision beds. If an ambulance is not available, then families are put under pressure to transport their loved ones to hospital.
- 9.22 SE acknowledged that this is unacceptable. RQIA did receive assurance from the WHSCT at the recent Trust Board Workshop and it was clearly indicated that there is a need for evidence and data beyond what is currently available. This is an issue for the whole of the HSC system. SE outlined the need to work in a cohesive rather than a competitive manner to obtain the best outcomes for patients and service users.
- 9.23 JH noted that there seems to be a willingness from RQIA as a regulator to accept what was reported by HSC Trusts.
- 9.24 CC highlighted that RQIA works on the basis that services are open and honest with the regulator. RQIA does not approach its reviews, investigations or inspections in an adversarial way but does wish to garner the respect that the truth is always told.
- 9.25 JH thanked RQIA for the extent to which it has listened and accepted information from SOAS. JH acknowledged that the outcome of the review is not perfect but can be welcomed. SOAS has always been treated with respect by RQIA.
- 9.26 CC thanked JH and HH for coming along to engage with the Authority.
- 9.27 JH and HH left the meeting at 11.52 am.
- 10.0 Agenda Item 10 – Any Other Business**

There being no further business, CC closed the meeting at 11:53 am and thanked all Members and RQIA staff in attendance.

Date of Next Meeting:

Extraordinary Authority Meeting: Thursday 3 July 2025 at 9:30 am, HSC Leadership Centre.

Signed

Christine Collins

**Christine Collins MBE
Chair**

Date

3 July 2025

Authority Action List: Meeting of 24 April 2025

Action Number	Authority Meeting	Agreed Action	Responsible Person	Date due for Completion	Status
270	28 March 2024	<p>Bank of Ireland Mandate: Authority Chair to share Bank of Ireland correspondence with Financial Advisor, who will follow up with the Business Services Organisation (BSO) and Bank.</p> <p>Financial Advisor to continue to follow up with the Business Services Organisation (BSO) and Bank.</p>	Financial Advisor	26 September 2024	●

Key

Behind Schedule	
In Progress	
Completed or ahead of Schedule	